

10-16-01

Customer No. 000959

Case Docket No. CMZ-130

10/15/01



THE COMMISSIONER FOR PATENTS
Box Patent Application
Washington, D.C. 20231

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Date of Deposit October 15, 2001

I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Signature

William J. McKinney

Please Print Name of Person Signing



Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Marsha A. Moses and Li Yan

For: NON-INVASIVE ENZYME SCREEN FOR TISSUE REMODELLING-ASSOCIATED CONDITIONS

Enclosed are:

- ☐ This is a request for filing a ☐ continuation ☐ divisional application under 37 CFR 1.53(b), of pending prior application serial no. _____ filed on _____ entitled _____.
- ☒ 33 pages of specification, 11 pages of claims, 1 pages of abstract.
- ☒ 4 sheets of drawings.
- ☒ 6 pages of Declaration, Petition and Power of Attorney (unexecuted).
- ☐ An assignment of the invention to _____ . A recordation form cover sheet (Form PTO 1595) is also enclosed.
- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Application Data Sheet (3 pages).
- ☒ Return postcard.

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE	////////////////////	
TOTAL CLAIMS	97 - 20	= 77
INDEP. CLAIMS	3 - 3	= 0
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference in Col. 2 is less than zero,
enter "0" in Col. 2.

SMALL ENTITY	
RATE	FEE
////////	\$ 370.00
x 9=	\$ 693.00
x 42	\$
+140	\$ 140.00
TOTAL	1,203.00

OTHER THAN SMALL ENTITY	
RATE	FEE
////////	\$
x 18=	\$
x 84	\$
+280	\$
TOTAL	\$

THE FILING FEES ARE NOT BEING PAID AT THIS TIME.

- ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____.
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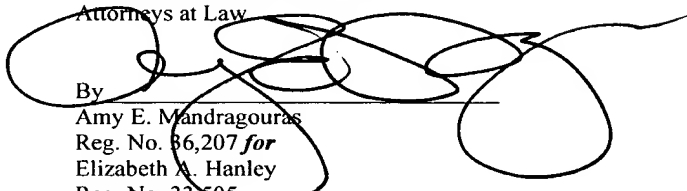
09977878-101501

- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. _____.
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- ☐ Any patent application processing fees under 37 C.F.R. 1.17.
- ☐ The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).
- ☐ Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.
- ☐ A check in the amount of \$ _____ to cover the recording of assignment documents is also enclosed.
- ☒ Address all future communications (May only be completed by applicant, or attorney or agent of record) to Elizabeth A. Hanley, Esq. at **Customer Number: 000959** whose address is:

Lahive & Cockfield, LLP
28 State Street
Boston, Massachusetts 02109

Date: October 15, 2001

LAHIVE & COCKFIELD, LLP
Attorneys at Law

By 
Amy E. Mandragouras
Reg. No. 86,207 *for*
Elizabeth A. Hanley
Reg. No. 33,505
28 State Street
Boston, MA 02109
(617) 227-7400
Telecopier (617) 742-4214

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